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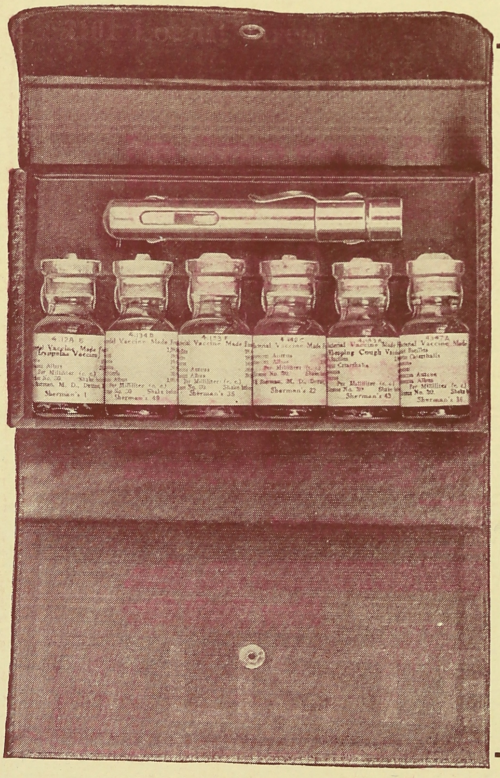
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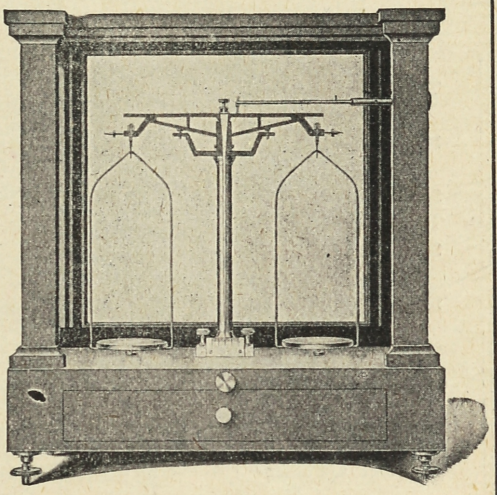
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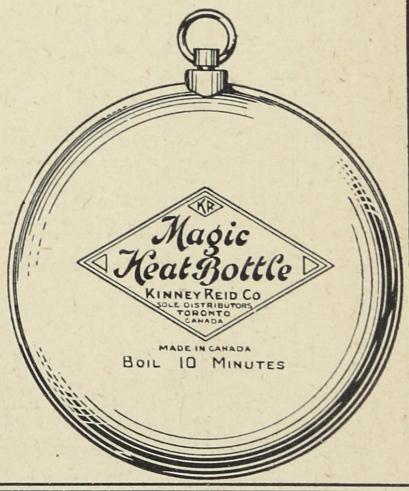
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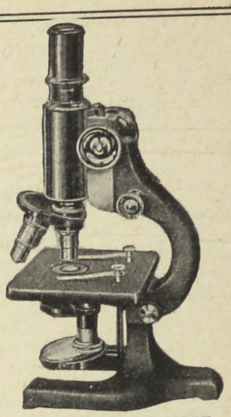
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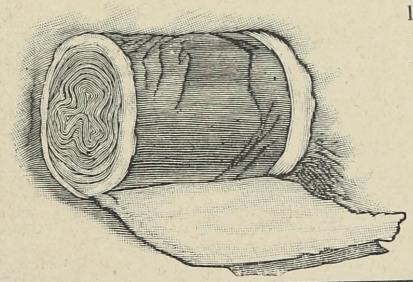
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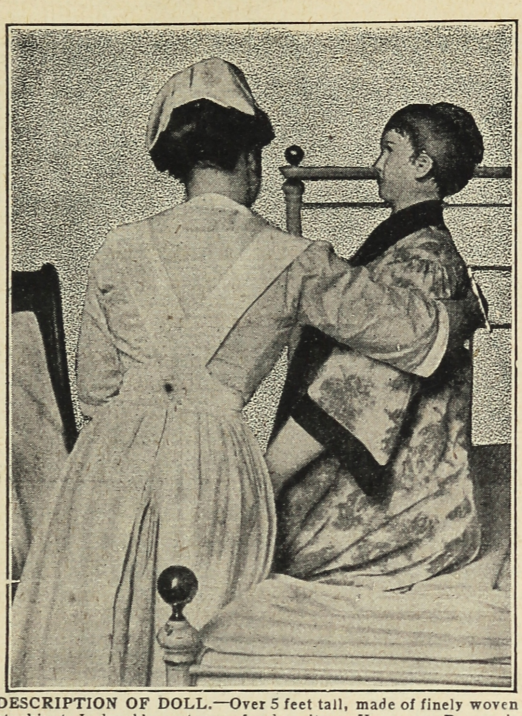
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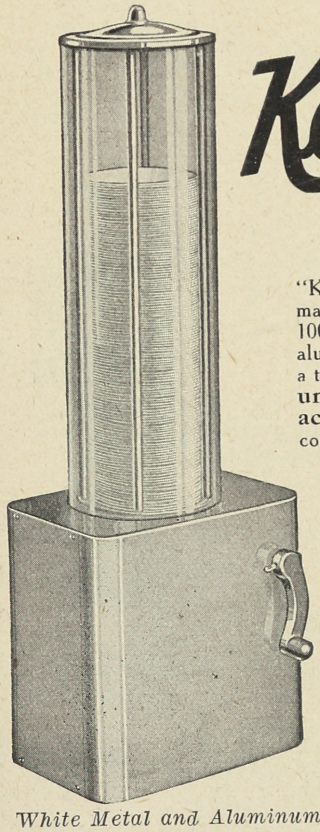
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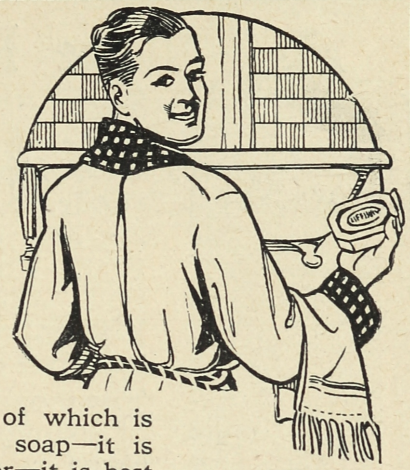
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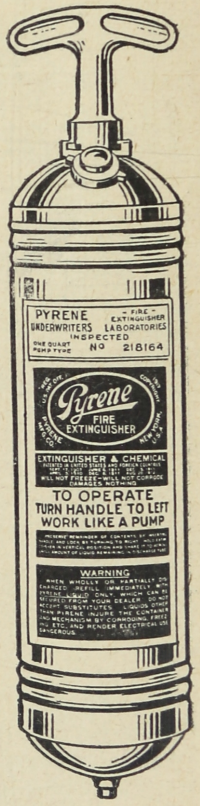
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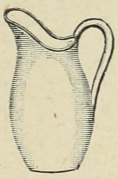
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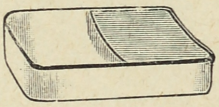
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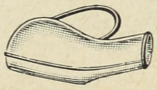
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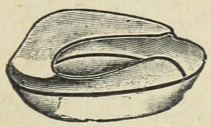
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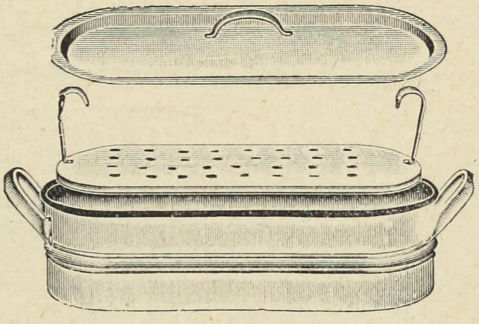
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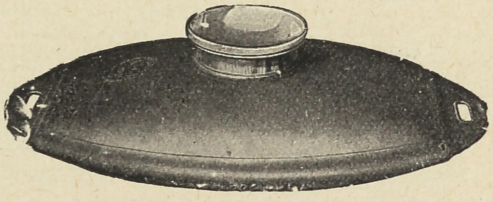
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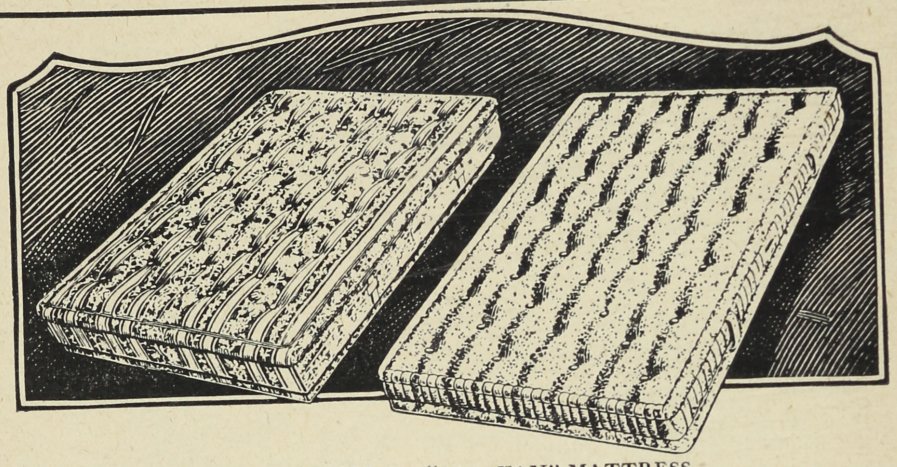


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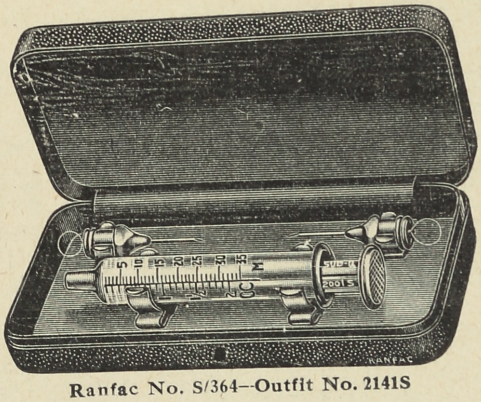
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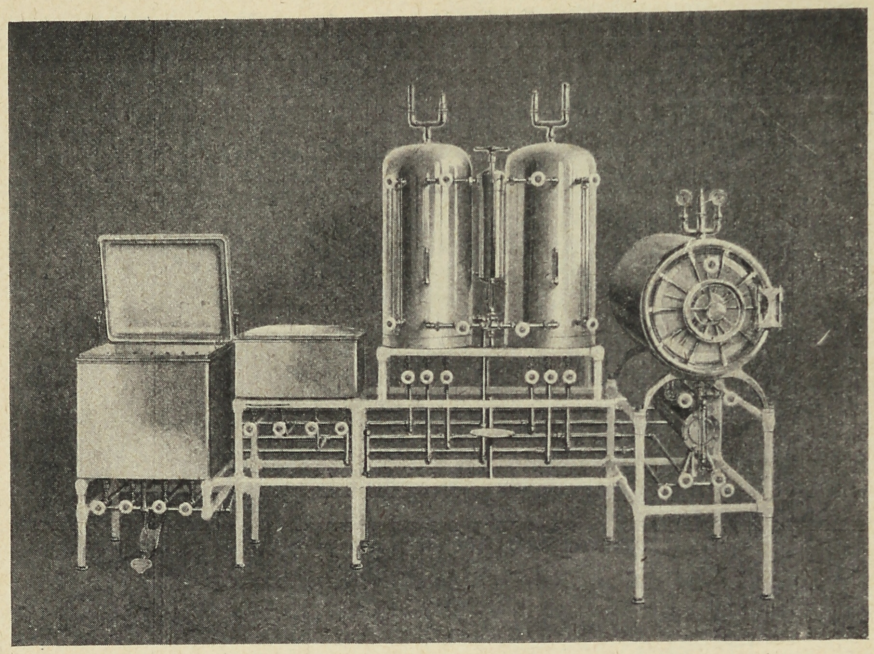
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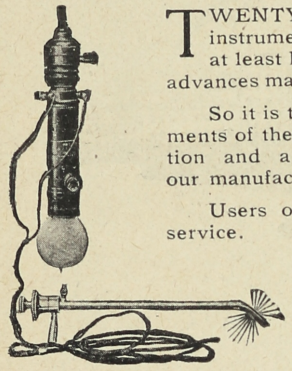
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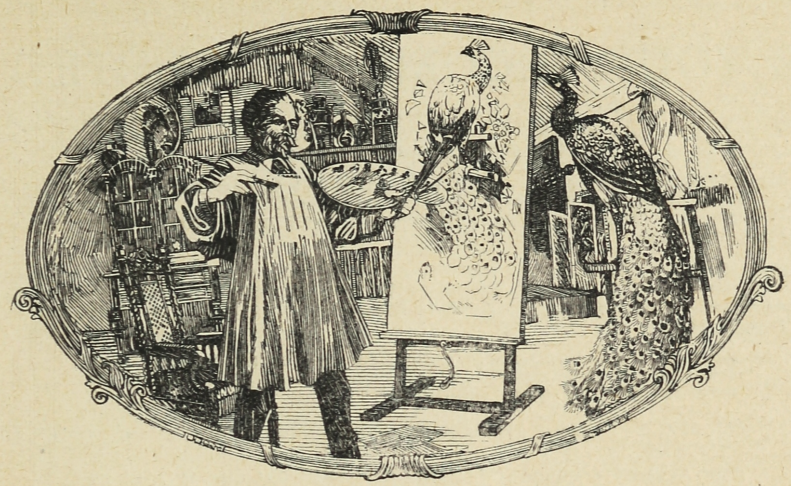
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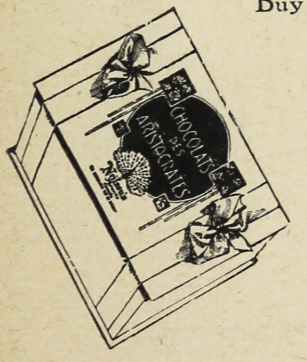
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The Hospital World

TORONTO, CANADA

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Vol. XIX. TORONTO, JANUARY, 1921 No. 1

Editorials

ASSISTANCE TO HOSPITALS AND SANATORIUMS

SIR WILLIAM GAGE and his associates recently appealed to the Provincial Government for a grant of $75,000, and to the city of Toronto for a similar amount. The Premier pointed out to the delegation that, inasmuch as 63 per cent. of the patients treated by the National Sanatorium Association came from Toronto, the city should pay that percentage of the amount required. The Mayor of Toronto contended that the city was doing its share for the city charitable institutions.

The Sick Children's Hospital is also applying for a grant from Toronto to meet its deficit of $145,043; the Toronto General Hospital, it is said, will, too, ask for $150,000. Grace Hospital follows suit with its deficit of $19,608; and the Western, $22,510.

The amount to be requisitioned by St. Michael's has not, at this writing, been announced.

The whole question of hospital support is one that will have to be considered soon very seriously, not only by the province, but by the city as well. It has been suggested that a Commission should be appointed which should inquire into the whole situation. It would have plenty to do.

Inquiry might well be made into the question of purchasing of supplies. Economies might be effected by having one purchasing agent or central bureau. Investigation might be made by competent persons as to whether supplies requisitioned for might not be cut down; have they been used too lavishly? Have the sorts which are cheaper and just as effectual been asked for instead of the dearer and more fancy articles? For example, it has been drawn to our notice by a staff member that the dearer and more elegant preparations of silver were being used in a certain o.p.d. when the very much cheaper silver nitrate might have been used. Inquiry might be made as to the use of the very expensive nitrous oxide and oxygen for anaesthesia instead of the much cheaper and safer ether. Selection of instruments and expensive articles of equipment and furniture might well come under supervision. And there are hundreds of items of this sort which might also be considered.

The matter of staff appointments should also be looked into. The formation of close corporations

of men who form cliques for self-aggrandisement does not popularize the hospital in the minds of the outside physicians. Their credentials might well be considered by an impartial commission. Too often appointments are made for other reasons than thorough training and capacity.

The Commission might inquire whether it is right for members of staff to give their services without pay. Members of other professions and trades do not work for hospitals for nothing.

The free treatment of patients might be looked into and the fundamental reason for their poverty and inability to pay might be investigated.

The Commission might spend a few sessions in considering also the question of nursing. In how far are hospitals still exploiting their nurses, or, on the other hand, insisting on pressing in special nurses where staff nurses could do the work.

The payment of hospital employees a decent wage and the subject of pensioning them might be another point to look at.

The establishment of group clinics, such as that at Rochester, where medicine and surgery are so well practised that the institution much more than stands on its own feet, might also be worthy of contemplation. Until conditions become ideal, a leaf might be taken from the hospital book of London and New York. In both these cities there is a Hospital Sunday—one Sunday in each year on which appeals are

made from the pulpits of all the city churches for contributions to hospital support. The amount collected is divided on a *pro rata* basis.

THE GRAVENHURST FIRE

OUR big institutions, in one sense, are one-man affairs. In combating tuberculosis in Ontario the man who has chopped down the trees in this pioneer work is Sir William Gage. Everyone with a heart feels very sorry for the big loss the people of this country have sustained in the disastrous fire at Gravenhurst, described in another column. We must extend our sympathy to Sir William and his associates and express the hope that the work of reconstruction will begin soon, and that the people generally, the City of Toronto and the Provincial Authorities will hold up Sir William's hands.

Owing to extremes of heat and cold in this our rigorous northern clime the problem of fighting the White Plague is beset with peculiar difficulties. As has been pointed out by the popular and energetic secretary of the National Association, Dr. Geo. Porter, tuberculosis as a disease is a medical problem. Its prevention and control is a social one. Our death rate is less than in European countries. Canada is fourth on the list. Unfortunately, our mortality tables are not as complete and as accurate as they should be. There were 9,096 deaths from the disease last year in a population of some eight

million. There were 9,707 in 1901. The decrease in the rate during the two decades has been of over 30 per cent. This has resulted from the establishment of Sanatoriums and Dispensaries throughout the country, the establishment of Clinics and Health centres and Preventoriums in our cities; the inspection of schools, etc. A fine bit of work has been done, and we must all take off our hats to Sir William, for he has given of his means very, very lavishly for the sanatoriums of which he is the honored head, and given of his energy and his time to an incomputable extent.

Only a few short years ago did we sorrowfully chronicle the burning of the Sanatorium at Weston, one of Sir William's monuments; and within the past year we recorded the disaster by fire of the Essex Sanatorium at Kingsville.

This journal more than once has strongly advocated that *all sanatoriums and hospitals be fireproofed.* That is safest and cheapest in the long run. Better not build so large, and use cement or steel and reinforced concrete instead of wood.

In those institutions for the sick already built and in use, every precaution should be taken to prevent fire and every means employed for coping with fire should it occur. The sprinkling system, a good fire alarm system, hose and hydrants (frequently tested), hand grenades everywhere, tanks of water placed in many convenient places, buckets of sand, and every and all devices for coping with an outbreak.

Fire drill should be carried out weekly. Every official about the place should have his post—one to turn off the gas at the main, another to turn off the electric current, others to man the hose pipes, others to handle buckets or fire extinguishers, and others to remove patients—all without hurry or flurry.

We sincerely hope that not many months will elapse until fireproof buildings at Gravenhurst are erected to take the place of those destroyed. And we hope Sir William Gage may be spared many years yet to minister to the thousands of our fellows in the province who are or will become victims to this fell disease.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums and Public Charitable Institutions throughout the British Empire

Editors:

JOHN N. E. BROWN, M.B. (Tor.), Ex-Sec'y American and Canadian Hospital Associations. Former Supt., Toronto General and Detroit General Hospitals.

ALEXANDER MacKAY, M.D., Inspector of Hospitals, Province of Ontario, Former Chief Medical Officer, Board of Education, Toronto.

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont. Consultant, Toronto Hospital for Incurables.

Associate Editors:

Ontario

C. J. C. O. HASTINGS, M.D., Medical Health Officer, City of Toronto.

N. A. POWELL, M.D., C.M., Senior Assistant Surgeon-in-charge, Shields' Emergency Hospital, Toronto.

P. H. BRYCE, M.D., Chief Medical Officer, Department of the Interior, Ottawa.

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GEORGE D. PORTER, M.D., Toronto, Secretary Canadian Tuberculosis Association.

G. MURRAY FLOCK, M.B., Physician-in-charge, Essex County Sanatorium, Union-on-the-Lake, Kingsville.

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Original Contribution

BETTER HOSPITALS

J. N. E. Brown, M.B., Toronto.

Rev. Father Moulinier gave an address to the doctors, sisters and nurses of St. Michael's Hospital on Nov. 27th. His Grace Archbishop McNeil was an interested listener. When the writer of these lines arrived the speaker was saying that the Council of Medical Education engaged in estimating the hospitals of the States from the point of view of the interne, considered that if a medical man gets 100 per cent. modern medicine some time in his life, 20 per cent. he acquires at the school and 80 per cent. afterwards. It was inevitable that the medical profession of the States should turn its eyes towards the hospital. Hence there was printed a list of those hospitals which were places for real scientific interneship. Some six years ago the American College of Surgeons came into existence—a body of the leading surgeons. At first there were gathered men of the most unquestioned reputation as the leading surgeons. Some 500 gathered in Washington as charter members of the college, which now includes 4,000, with a waiting list of 15,000. It is as much a Canadian as a United States body. This present year they have taken in members from South America. We may look forward to a real full American College of Surgeons.

These 500 charter members, at a banquet, the speaker was told, had proposed to them this question: Why have you organized? Is it to get together once a year to partake of an elegant banquet, sound one another's praises and go back each to his respective home and live on the flattery that was meted out freely? Their immediate answer to that question was, No. The reason for our existence is to try and do something on this continent. Being patterned after the Royal College of Physicians and Surgeons in England, they said, we have a mission to perform. We know that there is incompetent surgery and malicious surgery going on all over this continent; there are men practising surgery not qualified, practising merely for

money; go into it before becoming fit, and keep at it in spite of their incompetence. These charter members of the College of Surgeons said: We owe it to the public to protect them against all this wrong surgery. It was clear to anyone who knew anything about the situation that this could not be done without entering into the work of hospitals, because it is in hospitals most of the surgery is performed. Hence they secured the services of Dr. Bowman (a layman and Ph.D.), who, after gathering much data from Canada and the States, undertook to make a preliminary survey of the hospitals of the continent. After having another large meeting in Washington a few months later, he paid a visit to the Surgeon-General's office to get all the information about what is indispensable fundamentally to a proper hospital service, and after calling in experts from all parts of the continent they formulated what they now call a minimum standard of hospital service.

Just about this time I had the good fortune to have thought of forming an association of Catholic hospitals. Having been connected with a medical school for some years I saw very clearly that medical students would not be taken proper care of after leaving the schools unless something was done with the hospitals. I looked up the list of Catholic hospitals and found there were 650 in North America. A meeting of representatives of these was called in Milwaukee six years ago. We had represented 52 hospitals—103 people, sisters mostly, a few doctors and a few nurses. Last June we had a meeting in St. Paul. There were in attendance for three days between 700 and 1,000 sisters, 50 or 60 doctors, a fair number of nurses, and some 20 or 30 clergymen. The investigation of the American College of Surgeons showed that these 650 hospitals conducted by the sisters have about one-half the bed capacity of all the general hospitals of our northern continent.

When they started their work of standardization actively, carrying all through the country their propaganda for a better hospital service, Dr. Bowman, along with Dr. Franklin Martin, and Dr. Wm. Mayo and several others of the leading men of the American College of Surgeons, came to the conclusion that if they would carry on their work with satisfaction and as their

spirit prompted them to, they would have to have an agreeable and acceptable entry into the Catholic hospitals. So. Drs. Bowman and Mayo went to his Eminence Cardinal Gibbons and told him what they proposed to do; and got a letter of endorsement from him. Shortly after they came to me as President of the Catholic Hospital Association and asked me if I would join in with them in their effort to make hospitals a better place for sick than they had been. After consultation with the Archbishop at Milwaukee and speaking to my Superiors for leave, I got their permission to join hands with them most heartily, and ever since that time have been in close co-operation with the American College of Surgeons in the effort to make better hospitals. The word "standardization" has become a shibboleth. It means nothing more than trying to make better hospitals. The term minimum standard does not mean an arbitrary standard. The collective brains of the medical profession of Canada and the United States on the part of men who are supposed to be the leading thinkers in the matter have been employed—mobilized for the determination of what is called the "Minimum Standard." It is made up of three main points: there are three main requirements with a few others which are logical deductions or corollaries from these three. The first requirement is organization; the second is case records; the third is adequate laboratory service; the fourth is the declaration on the part of those who serve in the hospital that they will not participate in the secret division of fees in any form or case; the fifth is autopsies. These should be sought by concerted action in the case of deaths resulting from unknown or uncertain causes.

One sees clearly that such a programme is not one that requires large funds. It will cost very little to organize—in the way of money. It costs but little to institute records—a record room and a keeper. The laboratory may cost something in initial expenditure and will continue to cost if properly equipped and kept up to date and properly manned. Having members of the staff sign against secret fee splitting costs nothing. Getting autopsies costs very little, if anything. And so the whole programme is not one arbitrarily forcing upon

institutions a large outlay of money. It is a very exacting programme in so far as outlay of mental effort, determined purpose, high ethical standing on the part of the staff are concerned. It calls, therefore, for a type of man and woman in the hospital—it appeals to all that is best and deepest in us—scientific, ethical and religious; because it means unstinted effort to bring to every patient in the hospital, irrespective of who or what he or she is, as near 100 per cent. institutional medical service as the group of men and women in the hospital are capable of giving and can reasonably be expected to give. That is the soul and purpose of the minimum standard. I think that is the secret of its success. No body of men without legal binding, without any power except the power of the truth, could go over the continent and get the response that they have received unless they had a programme that is inherently true and right, appealing to the best minds and the best characters in the medical profession and having the approval of the managers of hospitals and nursing schools.

What do they mean by organization in a complex institution like a hospital? It means that the medical staff shall be so co-ordinated that within itself and with the managing personnel and the nursing division of the hospital that there will be sympathy and clear and sure functioning of the medical staff in its bringing to the patient and to every patient as near 100 per cent. of up-to-date institutional medicine as can reasonably be expected. The men themselves, therefore, must be organized. There should be departments covering the whole field of medicine, with a director of each department. There should be a president or chairman and secretary of the staff. There must be at least monthly meetings at which every member of the staff is expected to be present, for the purpose of reviewing the work of the hospital accomplished during the preceding month. Personally, I believe all the rest that is spoken of as part of standardization can be disregarded as far as effort and propaganda are concerned, provided you have this one feature working in an institution. Have a body of medical men working in a hospital—I don't care how many forms of staff or divisions of the staff there may be—there may be a

university division; an un-university division; there may be specialists; there may be a staff by courtesy (a visiting staff to whom is extended the privilege of bringing patients into the hospital); but it is essential that all these men meet at least once a month and ask one another—have brought before them —what the hospital has done during the past month with the patients who came to it.

The hospital patient in terms of modern medical thought is the institution basis of the medical group (call them what you will), with the nursing group, with the governing body of sisters or sisters and clergymen and laymen. The institution stands before the public as the place where the sick are cared for, where the sick are given every kind of the latest service known to the medical profession, to the nursing profession and to the hospital managers. If that is the kind of institution the hospital is, the public, the keen, observing, searching public. will say to itself or may say to itself, has a right to say to itself, "If I go to that hospital I'm sure I'll get all that modern medicine, as known in this locality, can be given to me in the way of careful diagnosis, operation (if necessary) medical or drugless treatment (if necessary); and I feel I may put myself into it, where I can get all that I have a right to look for." If any shrewd business man in Toronto said that to himself and came to you here, approaching any one of the individuals concerned with this institution and said to you, "Is that the kind of institution St. Michael's is?" You would have to say you thought so; at least, you wanted it to be such, that you hoped it were such, because you couldn't say "Oh! no, that is not the kind of institution St. Michael's is. You go there and you'll get some service; may be all right, may be not; depends on the man in whose hands you fall, upon the nurses who take care of you. It will depend on many circumstances as to whether you will get this fine, complete modern up-to-date service." None of you would say the institution does not stand for that. You will be obliged to say to such a man—I conceive at least if you have been thinking along the lines of modern progress in regard to hospitals—"St. Michael's is one of the best hospitals on the continent; come here and you will get all you have the right to

expect: fine medical men (university men); best nursing school, a body of sisters unequalled. We are under the Archbishop and a Board of Directors, so come here and you will get as near 100 per cent. institutional service as any institution can give you on this continent." Of course, you will say that, you'll mean it and want it. I have every confidence in stating that every man and woman here believes it to be that kind of institution; if not absolutely, at least determined to reach that height of progress and service.

What I have said brings out this one point, which is fundamental: the whole movement of standardization is centred on the patient. The institution is not primarily for the medical profession. No hospital is. It is not for the nurses, or for the group of sisters, or trustees. But these three bodies have united together and are co-operating with one another—skilled workers, who are giving to patients everything the patient has a moral right to get. And it is to the credit of the College of Surgeons and to the leading men of the medical profession that they recognized this right. They realize that they have come into these institutions for their patients. They realize that hospitals are there for patients, not for themselves. There are many incidental benefits to all concerned; but the real soul, the centre, beginning and end of the hospital is the patient and the patient's moral right, a God-given right, as against the medical profession, nurses and managers; a right that has to be respected, that he get full satisfaction to that right. The obligation of all is that his right be met and served and answered. That being the case the prime function of the medical staff, the prime function of sisters and nurses is to know from day to day if possible, from week to week if possible, certainly from month to month—know they are giving the patients that kind of service.

How is that found out? By meeting together and by questioning the work of the hospital, questioning the output of the hospital—to use a word common in modern industry. How many patients have been admitted? How many have died? How many have been kept longer than they need have been? Find the facts and face them fearlessly is the alliterative way in

which the whole thing is formulated in my mind. Any group of men and women doing any work for human health who are not brave enough, morally brave enough, large enough in character, to face facts of their combined efforts as members of an institution, I claim are not fit to be in the institution and are untrue to their deepest obligation.

(*To be continued.*)

HONOR NURSE'S MEMORY

On December 3rd a tablet in memory of Nursing Sister Lena A. Davis, who died while on active service overseas, was unveiled in the Western Hospital. Miss Davis was a graduate of that hospital in 1908, and the Alumnae Association is erecting the tribute to her memory.

At the outbreak of the war Miss Davis was the matron of the Hospital for the Insane on Queen Street, a position which she held for several years. She went overseas with the University Base Hospital unit which was sent to Saloniki, and it was while on duty there that she contracted malaria and was invalided to England. Although extremely ill and never fully recovered from the effects of the disease, Nursing Sister Davis went on duty again in England, at Basingstoke, where she died of black water fever in February, 1918.

Miss Davis' home was in Beamsville, where her mother still lives. A sister was for a number of years a member of the teaching staff of the city schools, but has since died.

The tablet was placed in the Assembly Hall of the hospital.

Canadian Hospitals

46TH ANNUAL MEETING OF THE TORONTO HOSPITAL FOR INCURABLES

At the forty-sixth annual meeting of the Toronto Hospital for Incurables favorable reports were presented on the general work of the institution, the death rate being the lowest for several years. There was an increase in the overdraft, but it was believed that this could easily be met if the deficit were made known. A feature of the meeting was the graduating of a number of nurses who had completed the three years' course in the training school.

The devotional exercises included the reading of the 4th chapter of the Epistle to the Philippians, followed by the Lord's Prayer, conducted by Canon Plumptre.

Mr. Ambrose Kent, chairman, paid tribute to the efforts of the board of management and the staff in making the hospital so efficient. He pointed out that in the past forty-six years there had been a marked development, the accommodation at that time being six beds, and at present 250 beds. Also it must be remembered by those engaged in the work of the institution that cheerfulness was one of the chief essentials for duties of so difficult and exacting a nature.

On behalf of the medical staff, Dr. W. H. B. Aikins reported that during the year 79 patients were admitted suffering from various diseases. Of these 49 died, one was transferred to the Hospital for the Insane, and 27 were discharged. On October 1st, 1919, there were 214 patients; on September 30th, 1920, there were 217 patients, and 293 patients were cared for during the year. The general health of the hospital, of both patients and staff, had been good. It was deemed advisable by the medical board to quarantine the hospital during the smallpox and influenza epidemics, in the Autumn and early Winter of 1919-20, with the result that there was very little acute illness, and the death rate was correspondingly low.

Miss Cook, the superintendent, presented an account of the year's work, giving in some detail the nature of the diseases from which the patients were suffering. Of the 293 who were cared for during the year 30 had to be fed three times a day, 55 were confined to their beds, and there were only 18 who required neither medical care nor nursing. There had been a marked decline in the number of cases of cancer.

In connection with the activities of the patients, she stated that prizes in manual training had been won at the Canadian National Exhibition and success was attending the efforts in basketry by the blind. Entertainments had been given by Creatore's band, the Salvation Army, the Ontario Motor League, and Thaviu's Band, and free admittance to the Exhibition had been granted the inmates of the hospital.

The Treasurer's report, which was given by Miss J. Z. Groat, showed an advance of 20 per cent. in the statement. Last year's overdraft had been $9,395.10, and this year's $12,094.55, making a total of $21,489.65. Expenses had been $142,003.10, and receipts $129,908.55. There were at present 214 patients in the hospital, 103 men and 111 women. The death rate was lower than it had been for several years.

Mr. R. S. Gourlay, in moving the adoption of the reports, said that two points in connection with the work must be remembered, the happiness of the patients in the midst of great weakness and pain, and that in dealing with incurables a large measure of grace, patience and love was required, but that, "Inasmuch as ye do it unto one of the least of these, ye do it unto Me."

Board of Management are:—Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. J. P. Balfour, Mrs. A. Cowan, Mrs. Wm. Davidson, Mrs. S. L. Fountain, Mrs. A. Foy, Lady Hearst, Mrs. Stewart Houston, Mrs. Ambrose Kent, Mrs. Lauder, Miss Effie Michie, Miss Grant Macdonald, Mrs. Hugh MacMath, Miss J. M. McGee, Mrs. S. H. Thompson, Mr. Ambrose Kent, Lt.-Col. Noel Marshall, Mrs. John Macdonald, Dr. W. H. B. Aikins, Mr. W. A. Baird, Rev. Canon Bryan, Mr. John Firstbrook, Lt.-Col. Alex Fraser, Rev. A. Logan Geggie, Mr. S. B. Gundy, Ven. Archdeacon Ingles, Mr. W. G. Kent, Dr. Edmund

King, Mr. E. J. Lennox, Mr. R. Millichamp, Mr. J. O. McCarthy, Rev. Dr. Young, Mayor Church.

Lt.-Col. Marshall stated that in none of the institutions with which he was connected was the work being carried on more conscientiously than in the Hospital for Incurables.

At the graduation exercises Mrs. Ambrose Kent presented the gold medal to the winner. Miss Helena Hamilton and Miss Mortimer Clark presented the silver medals to Miss Isabel Hewitt and Miss Valma Irvine. Mrs. Cox won the prize for neatness of room and person. Those who graduated were Miss Irvine, Mrs. Cox, Miss Connell, Miss Hamilton, Miss Hewitt and Miss MacLennan.

Congratulating the graduates on their choice of vocation, Dr. C. J. O. Hastings spoke of the value of real service. To give even a cup of cold water would bring its reward. The work of the training school was outlined by Miss Cook, who said that the eight hours a day system was making an improvement in the general health of the staff. She referred with deep regret to the death of Miss Stewart, one of the nurses, and also to the parting with the graduating class.

LAST PATIENTS LEAVE SPEEDWELL HOSPITAL, GUELPH

With the departure of the last 54 patients for Toronto on November 8th, Speedwell Hospital, Guelph, Ont., was officially closed, only a small staff being left behind to wind up the affairs of the institution.

The party was bound for Christie Street Hospital, and was made up of 45 walking patients, nine stretcher cases, two doctors, seven nursing sisters, three vocational aides, and nine orderlies. They were in charge of Dr. Fallis, who has been Acting Medical Superintendent at the hospital since the departure of Dr. J. B. McMurrich, who was called away suddenly some time ago.

Speedwell Hospital, which has been operating for a little

more than three years, was opened in October, 1917, with Lt.-Col. T. G. Delamere, of Stratford, in command; Dr. G. N. Urie as Medical Superintendent, and Capt. J. H. Menish as Adjutant. In that time several hundreds of disabled soldiers who fought for King and country, passed through the institution, while others who suffered more serious ailments through the effects of the hard life at the front succumbed while under treatment.

The hospital has meant a lot to the city of Guelph, and citizens generally are sorry to hear of its closing. Until two months ago the institution had some 300 patients housed within its doors, but since the recent trouble, which resulted in the dismissal of the entire nursing staff, prospects for the continuing of the hospital began to fade until finally the Government made the announcement that the hospital would be closed.

A pleasing event took place before the patients left, when the boys presented Capt. the Rev. S. E. Lambert, the Hospital Chaplain, with a purse of gold as an appreciation of his faithful services in their interests. Capt. Lambert had always been a favorite with the patients, and although he was not able to accompany them he expects to be transferred to Christie Street Hospital, Toronto, before long.

No announcement has been made as to the future use of the buildings at Speedwell, but it is expected that the Government will take some action soon. In the meantime the affairs of the hospital will be wound up, after which the majority of the staff will move on to London with F. Unit Headquarters, which is being transferred to that city.

HOSPITAL NURSES AT PETROLEA GRADUATE

The Charlotte Eleanor Englehart Hospital graduation exercises took place before a large audience on October 19th in Victoria Hall. Miss Wilson and Miss Park were the nurses who received their diplomas.

Short addresses were given by N. McDougald, Chairman of

the Board, Dr. C. O. Fairbank, G. G. Moncrieff, Rev. J. Yule, J. L. Englehart and the Mayor. Wm. Pratt, Secretary of the Board, read the annual report. Miss Hickson, the matron, and her staff of nurses were presented with beautiful bouquets by Mr. Englehart.

During the afternoon a reception was held at the newly-erected Nurses' Home, the erection of which was the outstanding event in the year's development of the hospital. Its equipment will cost about $65,000, all of which amount being donated by the founder of the institution, Mr. Englehart.

The proposed new work on the hospital building for the coming month is the erection of an additional wing which will accommodate eight beds; this will cost approximately $15,000, and will be an added gift by Mr. Englehart. The operating wing and electric elevator are new features that are near completion.

The origin of this ideal hospital was a kind impulse of the late Mrs. Englehart, whose name it bears, who some ten years ago suggested the gift of the family residence and surrounding grounds of 40 acres for this purpose. Following up the original gift, Mr. Englehart has been most generous in his donations for its enlargement and its efficiency. Grants are made annually to its maintenance by the town of Petrolea, and also by the County Council of Lambton.

THE PLANT HOSPITAL OF THE GILLETTE SAFETY RAZOR CO. OF CANADA, LIMITED

It is a recognized fact that industrial efficiency is in a great measure dependent upon the health of the worker, for although great strides have been made in manufacturing processes, the utmost output cannot be maintained unless the operator is able to stay with the job. With this in mind our corporation equipped a hospital at a central point in the plant, and placed same in charge of a graduate nurse with one assistant. The head nurse examines all female applicants for positions, and thus they become acquainted with the hospital from the

moment they enter the plant. In her first interview she explains to them just what is done for the employee and encourages them to make full use of the facilities provided.

The hospital is equipped primarily to handle minor accidents and first aid work on the more severe cases, but a large amount of lost time is avoided by the preventive work carried on. All visits to the sick-room are recorded on a daily report and this is forwarded to the employment department, so that employees who are not of the required health standard may be eliminated, and those unable to stand certain classes of work transferred to more suitable employment. In addition it enables the employment department to follow up accident cases and make suggestions to the Safety Committee to prevent recurrence of such accidents. The varied nature of the cases will be seen from the following summary of one month's activities:—

Colds, 73; dental trouble, 28; headaches, 148; sore throat, 18; coughs, 5; sent home, 10; boils, 6; burns, 23; earaches, 4; indigestion, 23; sprains, 20; sent to doctor, 4; abrasions, 5; minor incisions, 319; eyestrain, 5; neuralgia, 7; nausea, 3; home calls, 5; bruises, 5.

An average of from seven hundred to eight hundred cases are handled per month and our absent employees do not amount to more than one and a half per cent. of the total number employed.

A dental clinic is held two mornings per week, teeth are examined and instructions given in the care of same, minor extractions and temporary fillings being made free of charge. The dentist fills in an examination form showing work required to be done and an estimated cost of same. If the employee wishes to go ahead with the work, he or she takes this form to the employment department, where terms of payment are arranged consistent with the worker's ability to pay.

In addition to the work outlined above, all employees who are absent from work more than three days are visited in their homes and a report made to the Company's physician of all cases requiring his attention. Our experience shows that our hospital is of vital importance and beneficial to both employer and employee.

GUELPH TO HAVE INSANE ASYLUM

Speedwell Hospital, formerly the Ontario Reformatory at Guelph, is being restored after occupation by the military authorities, and on completion will be used by the Ontario Government as a central institution for housing the criminal insane. The intention of the authorities is to make this institution a rival of the famous Matteawan Asylum in New York State, which became famous during the incarceration of Harry K. Thaw. During the tenure of its military occupancy all the steel bars and grills were removed from the cells and windows to dispose of the prison effect, but, on account of the new use which it is proposed the building shall now be put, such safeguards will be necessary. The cost to the Federal authorities will be considerable, and it will be some time before the building is turned over and available for the transfer of inmates from other institutions in the Province.

All the military patients have been removed to Christie Street Hospital, Toronto.

PLANS TO HELP WEAK MINDED

Perhaps no phase of public welfare is more vital to every other than is that of mental hygiene, which has made amazing strides since the organization, less than three years ago, of the Canadian National Committee for Mental Hygiene. The most recent piece of work done by this committee has been the making of a mental hygienic survey of the Province of New Brunswick. This study was requested by the New Brunswick Government, and included an investigation of 18 institutions caring for insane, feeble-minded, delinquents, dependents and unmarried mothers, together with a mental examination of 3,000 children attending 11 representative schools.

The survey was made with the purpose of determining the nature and extent of the problem of mental abnormality in New Brunswick, the present facilities for dealing with the situation, and the needs for the future.

New Brunswick is one of no fewer than seven Provincial Governments that have called upon the committee for assistance along these lines.

In many instances the advice of the committee has been accepted, and two Provinces are spending one and a half million dollars on mental hygiene activities. This means that more adequate facilities for scientific treatment of cases of mental abnormality have been provided, more preventive measures adopted and more humane custodial care supplied for those who must be kept confined.

The Federal Government also has officially requested the services of the committee in helping to evolve a policy in connection with mental abnormality, which will take into consideration prevention, early treatment, scientific treatment of pronounced cases and supervised parole of those who are recovering.

Since its organization three years ago the committee has inspected, outside of Toronto, 36 Provincial and county asylums, 20 jails, 17 industrial schools and 11 homes for dependents. This inspection involves a complete mental examination of all inmates, with the making of all necessary tests. There also have been 2,405 children attending private schools, 5,500 immigrants and 350 unmarried mothers examined. The findings have been presented to the Governments concerned, with many much-needed changes resulting.

The committee has laid great stress on immigration, and is satisfied that the Federal Department of Health is handling medical affairs in an efficient way with the equipment at hand. For the first time in Canadian history physicians trained in psychiatry are inspecting immigrants at ports of entry, and in the last few months have rejected many who are mentally unsound.

Arrangements are now on foot for the erection of several psychopathic hospitals in various parts of Canada. These institutions will accept early cases of mental disease as freely as general hospitals admit those suffering from physical ailments. Patients will be observed and treated for a limited period, and the experience of the Winnipeg Psychopathic Hospital shows that over 80 per cent. can be returned to their own homes. Such

treatment obviates the necessity of sending many to Provincial mental hospitals, with the consequent distress to relatives and friends.

Gifts to the amount of $91,000 have financed the work of the committee for the past three years. Its budget for the next three years calls for $135,000, for wider fields are opening up all the time, and the committee sees very much to be done before Canada can be safe from the dangers involved in neglect of this matter.

NURSING MISSION HOLDS THIRTY-FIRST ANNUAL MEETING

The thirty-first annual meeting of the Nursing Mission was held on November 24th at 55 Beverley Street, Toronto, the home which was the gift of the late Dr. Goldwin Smith to the Mission for the period of its existence. During the past year the Mission has been so fortunate to have as its President Miss Snively, the former Superintendent of the Toronto General Hospital, and the reports given at the meeting contained a record of the accomplishment of the Mission's object, which is the nursing of the sick poor in their own homes.

Miss Helen Scott, in her Secretary's report, told of the work during the past year, when 811 patients were treated, 68 of them free of charge. Maternity nursing is one of the special works of the Mission, and not one life was lost. There have been seven nurses engaged in the work, and it was announced that Miss Hudson, who received her certificate on Nov. 24th, will remain on the staff. Miss Scott explained that as it is primarily a medical mission the workers are closely in touch with the Social Service Commission and overlapping is avoided.

The return of the former Superintendent, Miss Tolton, to the Mission during the past year was commented on with pleasure. The financial statement, given by Mrs. W. T. Ramsay, showed receipts amounting to $5,275.74, and disbursements of $5,169. Among the large donations during the year was one of $250 from the Havergal Coverley Club.

HUMANITY IN HOMES FOR THE AGED POOR

At the convention of the managers of homes for the aged and infirm held in Hamilton on November 23rd, J. B. Reynolds, of the Huron County House of Refuge, deplored the fact that so much attention was given to the economic management of such institutions. What was essential was the human note—a spirit of kindness.

"In Huron we look on all our inmates as our own flesh and blood," continued Mr. Reynolds. "They are all human tragedies. They respond to kindness quicker than children do. None of us but might some day have to enter a home for the aged and infirm, just as they have done. They are not paupers; they are our venerable elders on whom fortune has frowned.

"They take pride in their work. We make them feel it is their home, and, what is more, we feed them on the best we can possibly procure. The result is we are a happy family."

J. B. Bates, Superintendent of the Wentworth Home for the Aged and Infirm, pointed out that of the 123 inmates housed there only 29 were born in Wentworth. The remainder had to be maintained by Wentworth regardless of the fact that they came from other municipalities.

I.O.D.E. PREVENTORIUM HAS GOOD YEAR

At the seventh annual meeting of the Board of Management of the I. O. D. E. Preventorium, a most satisfactory report was presented. During the year the new babies' pavilion had been completed, with accommodation for 50 babies. It is beautifully equipped throughout, with everything tending to the betterment in health of the little ones. The nurses' residence had also been completed and was a great source of comfort.

One hundred and eight children have passed through the Preventorium during the year. A great gain in weight and improvement in every way was reported in the case of every child. There had been very little illness, with the exception of

a few cases of measles and whooping cough, these being the diseases most dreaded with the children. No ill-results followed, however, nor complications of any kind.

The Honorary Treasurer, Mrs. John Bruce, presented a satisfactory financial statement for the year, showing that the receipts and expenditures for maintenance, furnishing and equipment amounted to about $24,000, leaving a small deficit.

The sum of $74,600 had been spent in the building of the babies' pavilion and the nurses' residence.

Gratitude was expressed to the Alexandra Rose Day Committee for the splendid contribution of $6,500 from the proceeds of Rose Day.

The officers of the Board of Management were unanimously re-elected: Honorary President, Mrs. A. E. Gooderham; President, Mrs. E. F. B. Johnston; Vice-Presidents, Mrs. W. R. Riddell, Mrs. T. J. Clarke, Mrs. J. D. Hay and Mrs. Edmund Bristol; Honorary Treasurer, Mrs. John Bruce; Recording Secretary, Mrs. W. B. Maclean; Corresponding Secretary, Mrs. A. E. Wells.

THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL

Extremely happy were the graduation exercises at the Hospital for Sick Children Training School, on November 19th. For, as Mrs. Ferguson Burke reminded the big class in her felicitous speech in presenting the diplomas, they had the unique honor of graduating in the year of the Florence Nightingale Centenary, whom they should take as their patron saint. While for their valedictory message this year's graduation class had no less a person than Matron-in-Chief MacDonald, who had headed Canada's nurses in the great war.

"Always remember that the mission of nursing is a divinely appointed one, adopting which you are consecrated to the service of humanity," said the evening's speaker.

Matron-in-Chief MacDonald congratulated the class on having crossed their Rubicon. They were now to add strength and

fresh courage and advance work their predecessors had been carrying on. Their degree must not be accepted as ending their training. Their education had just begun. Knowledge was power and success depended on preparation.

"Be animated by the spirit of service rather than money reward. Happiness is not settled by the coin of the realm. Line your pockets with cheerfulness," was Nurse MacDonald's behest.

The evening's speaker pleaded with the graduates not to develop a distaste for private nursing. It had many advantages. Again, they must act as propagandists to encourage more applicants in training schools. "You must be recruiting agents and see to it that your place here is filled by a probationer."

Matron MacDonald warned the class to have a hobby; not to be interested in some other thing than their own occupation made one stodgy. Keep up an interest in your sports and recreations, was her behest.

From her experience overseas, Matron MacDonald had no fear that the new graduates would not uphold their best traditions.

"You shall not fail to hold the lamp so high," said Matron MacDonald, who concluded by giving the class her best wishes that they might have plenty of work, plenty of play, "in each of the kinds you like best."

Miss Potts, in her superintendent's address, pointed out how the Training School had continued its usefulness to the hospital and community. Its ability to realize the importance of educational attainments has drawn to its doors those who might well be considered fitted for the high places in life and its work. That they were so fitted has been demonstrated by the positions they have maintained since their graduation.

"It is more than merely interesting," said Miss Potts, "that we have in our Training School a group of young women, who, with their substantial academic foundation have acquired their nursing skill and knowledge and are anxious to continue their education along nursing lines.

"Ten of the present graduating class applied for scholarships to enable them to take the course in public health nursing

at the University of Toronto, and three for the teachers' course given at McGill University.

"It is to be regretted that we have been unable to assist a larger proportion of those applying for scholarships, since the demand and need for nurses with a broader education is so great.

"On the other hand we have been singularly fortunate, and are profoundly grateful to the following gentlemen, who voluntarily offered substantial scholarships: Sir Edmund Osler, Chairman of the Board of Trustees, $500; Mr. H. H. Williams, trustee, $350, and Dr. Alan Brown, physician-in-chief, $350.

"Sir Edward Osler's scholarship has been awarded to the nurse who wishes to qualify as nurse instructor, this course being obtainable at McGill University.

"Mr. Williams' scholarship has been awarded to one of the nurses whose desire it is to take the course in Public Health Nursing at the University of Toronto, and Dr. Alan Brown's scholarship is also awarded for this course, with the idea of developing the child welfare aspect of the work.

"It is very gratifying to know that these special courses may now be obtained in our own Canadian universities. Heretofore many of our best women were compelled to continue their education in the United States, resulting in their services being entirely lost to Canada.

"Within the last week ten graduates of this school applied for registration in the State of New York. This, I think, emphasizes in a small way the importance of the development of our educational machinery where the need for our own Canadian nurses is so great.

"We have again accepted a scholarship nurse from the Vancouver General Hospital for six months' post-graduate course, which shows the widespread interest and the importance attached to children's work.

"It is possible to do more for the school in the future, and if we are to keep pace with the times and maintain our high standard of efficiency, more accommodation must be provided for pupil nurses, so that the nursing staff may be increased to

the extent that will make it possible to introduce the eight-hour day and meet the ever increasing demands upon the school.

"The past year has been no exception to those that have gone before in the matter of applicants to the Training School, certainly there has been no diminution in numbers.

"The enrolment in the school at the end of the year was: twenty-two third year pupils, twenty-one second year pupils, twenty-six first year pupils, twenty probationers and sixteen pupils from affiliated schools."

Miss Potts paid tribute to the spirit of the student nurses, and the school's gratitude to Dr. Graham, Dr. Hannah and members of the surgical staff.

Dr. Alan Brown gave a most interesting sketch of the rise of the public health nurse and her possibilities in the future. He also quoted Disraeli's dictum that the first duty of a statesman was the cause of public health.

After the closing exercises the guests adjourned to the reception rooms which were massed with the nurses' bouquets. As rosy pink as their friends' best wishes were most of this year's blossoms. In the big hall were more pink roses.

Bowls of them had been placed beneath the portraits of Maria Gillbee Robertson and the late John Ross Robertson, the latter presented by his son, Irving E. Robertson.

FIRE AT MUSKOKA FREE HOSPITAL FOR CONSUMPTIVES

Two hundred and sixty patients in various stages of illness were asleep in the Muskoka Free Hospital for Consumptives when fire destroyed the main buildings in the early hours on November 30th. Shortly after midnight Nurse Edith Hall, who was on night duty, discovered smoke near the ceiling in the upstair kitchen of the main building, although no fire was visible. Suspecting defective wiring hidden behind the plaster, she gave warning and efforts were at once made to remove the patients in the building to other quarters. One of the care-

takers in the building was immediately on the scene where the smoke was issuing and the emergency fire hose arrived on the spot only to discover that there was not water pressure enough to reach even the ceiling of the room. In the meantime the furniture was being removed, while the fire gained headway.

A flare of lurid light leaped from under the eaves and from that moment until three o'clock in the morning, nearly three hours, the beautiful modern frame buildings one after another fell prey to the roaring flames.

During all these three hours, no water was available until the arrival from the neighboring town of Gravenhurst, two miles away, of a pumping engine which was placed on the wharf and pumping water from the lake, was soon providing a pressure that brought the fire under control.

The electric pumping apparatus which supplied the sanatorium tank reservoir was useless as soon as it was necessary to shut off the electric light, as the light and power plant of the institution were all on one switch. Only the fact that it was a very still and mild night saved suffering by exposure and slowed the development of the fire, giving adequate time for rescue, or the experience of the night might have been fraught with fatal consequences.

Over a hundred of the worst cases in the infirmary had to be twice removed from buildings in the path of the flames. It was a pitiable sight to see a great hospital population out doors with a background of snow and fierce flames, but the sufferers were marvels of bravery and good cheer, and although many lost their possessions no word of complaint was heard from the lips of the sufferers.

DROPS HOSPITAL PLAN

The project for a $2,000,000 hospital in Hamilton as a war memorial has been dropped and the ratepayers will be asked to vote on whether they wish a hall or a monument as a memorial.

TORONTO'S HOSPITAL NEEDS

Having visited many cities in the United States, the Committee appointed to go into the question of hospital accommodation, as it affected Toronto, has some interesting things to say in its report concerning conditions in other cities.

Dealing with Detroit, the report sets out that infectious disease cases are cared for in an isolation hospital under the control of the local Board of Health. Provision has also been made for the care of 200 beds for tuberculosis cases. In addition a new tuberculosis hospital has been constructed on about 800 acres of land situated about twenty-five miles from Detroit to deal with incipient or moderately advanced cases.

Detroit uses both municipal and private institutions in caring for its indigent sick. The Department of Public Welfare has in the downtown district a municipal hospital for 500 patients. Detroit pays $16 per week for patients placed in private hospitals by the city. A hospital inspector sees the patients at these hospitals and reports on social conditions, and on these reports is based the decision whether he or she is an indigent case. Chronic or incurable cases are discharged to their homes. Plans for a Municipal Hospital to care for 1,000 patients are being prepared at the expressed wish of the citizens. At present the police stations are used as health centres.

In Cincinnati, the committee found that the principle of municipal hospital maintenance had been in existence nearly a century. Their present hospital accommodation was for 850 patients. The Isolation Hospital Management is not under the Local Board of Health, but is under the jurisdiction of the General Hospital Superintendent. There are no pay or private or semi-private wards in the General Hospital, and only those who are unable to pay their hospital rates are taken in and cared for. Notwithstanding the care taken to prevent it, over $40,000 is spent every year for upkeep of patients, who get in, and who really have no claim on the city. In 1919 the total cost of the hospital was $456,929.

In Washington, D.C., the committee discovered that plans were already under way for a municipal hospital for which

the contract price was $3,750,000. Mr. George S. Wilson, an outstanding authority there, said that the civic hospital should be a teaching school.

In New York opinion favored both municipal and private hospitals. Dr. Goldwater was against drying up the streams of benevolence entirely. "It is interesting to note," he says, "that fifty-five per cent. of the accommodation is within half a mile of the centre of population, sixty-six per cent. within one mile, and eighty-four per cent. within a mile and a quarter."

The report next deals with the present hospital accommodation in Toronto, quoting the Medical Officer of Health, who favored centralization from a teaching and specialist's point of view. He gave the number of beds in the various hospitals as follows: Toronto General, 780; St. Michael's, 313; Hospital for Sick Children, 250; Wellesley, 80; Isolation, 300. This means that seventy-eight per cent. of the hospital accommodation is east of the centre of population, and only twenty-two per cent. west. If they deducted the Isolation Hospital the percentages are seventy-five and twenty-five per cent.

COMMITTEE FAVORS A MUNICIPAL HOSPITAL

A LONG and exhaustive report of the committee appointed to go fully into the question of the needs of Toronto from a hospital standpoint including the requirements of Riverdale, was recently presented to the Board of Control. The committee was composed of the Medical Officer of Health, Finance Commissioner, Ald. Hiltz, Mayor Church, and Controller Cameron. Associated with them was a committee of five citizens from a deputation of ratepayers from the district east of the Don. The committee visited a number of cities across the line, including Detroit, Cincinnati, Washington and Boston.

Recapitulating their findings in these cities, the committee report as to the advisability of a municipality owning and operating its own hospital for its indigent patients, there was no

second opinion except that of the superintendent of Massachusetts General Hospital, that the consensus of opinion favored one central building or group of buildings as against separate units, that in a municipal hospital only public ward beds should be supplied, that the hospital should be a teaching institution in closest co-operation with the Medical College, that no city council should turn over any sum of money to a Board over which it has not complete control, and that there is room for both, but the private hospital should not receive any grant from the city.

Dealing with Toronto the general conclusion arrived at by the committee was that while it concurred in the general principle of municipal hospitals, yet after careful consideration it was forced to conclude that it could not but view with disfavor the whole public ward service or accommodation as conducted at present in both private and municipal hospitals.

As to the question of individual responsibility, the committee asked if a fire department were paid to protect property and a police department to protect lives and property, why not make similar provisions to protect the people against the ravages of disease? There was no stigma of charity in connection with the boys and girls attending the public schools. Why should there be any in their being treated free in a public hospital? An appalling number of cases had been allowed to go until they were incurable owing to the lack of means and an unwillingness to apply for a hospital order.

Finally the committee recommends the adoption of the principle of municipal hospital control, and that the city proceed at once to secure a site, having in view the establishment thereon of municipal hospitals, and that they proceed to forthwith erect on the aforesaid site a convalescent home, which would ultimately constitute a part and parcel of the whole municipal hospital scheme, and, futhermore, that in view of the city's handing over every year approximately a million dollars per annum to the hospitals over which they have no control, for the maintenance of indigent patients, that a Hospital Commission be appointed forthwith, the personnel of which would enable the city to exercise reasonable control over the expenditure of the funds granted.

Book Reviews

A Short History of Nursing. By Lavina L. Dock, R.N., Secretary, International Council of Nurses, in collaboration with Isabel Maitland Stewart, A.M., R.N., Assistant Professor, Department of Nursing and Health, Teachers' College, Columbia University. New York: G. P. Putnam's Sons, Publishers, 1920. $3.50 net.

This new volume has been prepared especially for the use of pupil nurses. It is a condensation of the History of Nursing by Nutting and Dock. The subject is presented in a concise and interesting manner, and the volume should fill an important place in the education of pupil nurses. In the opinion of the reviewer, however, too scant attention is devoted to some of the excellent training schools in connection with certain hospitals in Canada, where the entrance requirements and standards of teaching are unsurpassed anywhere in the world.

A Pocket Medical Dictionary giving the pronunciation and definition of the principal words used in medicine and the collateral sciences, including very complete tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilla, and thermometric scales and a new dose-list of drugs and their preparations in both the English and metric systems of weights and measures, based upon the ninth revision U. S. Pharmacopeia, also a veterinary dose table, by George M. Gould, A.M., M.D. Eighth edition revised. 40,000 words. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1920.

A new English-Chinese Lexicon published by Dr. P. B. Cousland in Shanghai for medical missionaries, is largely based on Gould's Medical Dictionary. A nice compliment. Medical men could find certain office leisure well spent in conning over this fine little volume.

Care and Feeding of Infants and Children, by W. R. Ramsey. Second edition. Philadelphia and London: The J. B. Lippincott Company. Price $2.50.

This is a very good little text-book for nurses, trained or "experienced." It is simply and plainly written, and is practical, giving briefly the sort of information which is useful to a nurse. The chapters dealing with the general care and feeding of children—the preventive medicine part, which is of such paramount importance—are good. The anatomy and physiology have been considered only in so far as they relate directly to the subject of child welfare, and rightly so. Too much of the undergraduate nurse's time is wasted nowadays in lectures on subjects which can be crammed for examinations and which are immediately forgotten, while too little importance is laid on the necessity of being able and willing to make patients comfortable. The discussion of the pathological conditions common to infants and children is brief, but fairly accurate and to the point. The illustrations are instructive.

Outlines of Nursing History, by Minnie Goodnow, R. N. Author of "First Year Nursing," "Ten Lessons in Chemistry for Nurses," "The Nursing of Children," "Practical Physics for Nurses;" formerly Directress of Nurses, Milwaukee Country Hospital; formerly Superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo; Specialist in Hospital Equipment. Second edition revised. Illustrated. Philadelphia & London: W. B. Saunders Co. 1919. Canadian agents, J. F. Hartz Co.

The contents of this book should be familiar to every graduate nurse and should be a part of the course of every nurse in training, for it sets forth clearly and yet briefly the development of this noble profession from earliest times up to the present day, and puts the reader on terms of familiarity with those great women who have had a share in developing the profession to its present high standard.

Of special interest is the reference to the development of nursing in Canada. The study of this volume as a text-book in a regular course of training will do much to keep before the nurse these high ideals which are the richest heritage of the profession to-day.

Helping the Rich. A Play in Four Acts. By James Bay. Brentano's, Fifth Avenue and 27th Street, New York. 1920.

That it is up to the State to provide free hospitals for the poor and that people who can pay should pay, is the central theme of the play. It is also a clever little satire on conditions that are known to exist in large hospitals in regard to the politics that govern board and staff appointments. The play shows an intimate knowledge of institutional undercurrents. The repressive attitude of heads of medical services toward the younger aspiring members of the staff and the lack of professional camaraderie are cleverly touched off. A pleasant little love plot threads through the four acts. It brings a smile, and is most readable.

Pope's Manual of Nursing Procedure, by Amy Elizabeth Pope. New York and London: G. P. Putnam's Sons. 1919. 596 pages.

This new volume sets forth in detail practical nursing and the method of teaching it. Although primarily a text-book for teachers it could be used with advantage as a text-book for junior classes because, not only are the demonstrations aptly shown, but the theory so important in carrying them out is set forth.

An exception taken to the contents is the chapter on restraint. This is unjustifiable in the present day of advanced medicine. It is most harmful to the patient and gives the nurse a wrong conception of mental disease. We now have hydrotherapy in the majority of our hospitals, and it will be found

that much good will be accomplished in resorting to this treatment, while the so-called restraint only works havoc. I, therefore, feel such a chapter should be excluded from a text-book to be used by pupil nurses.

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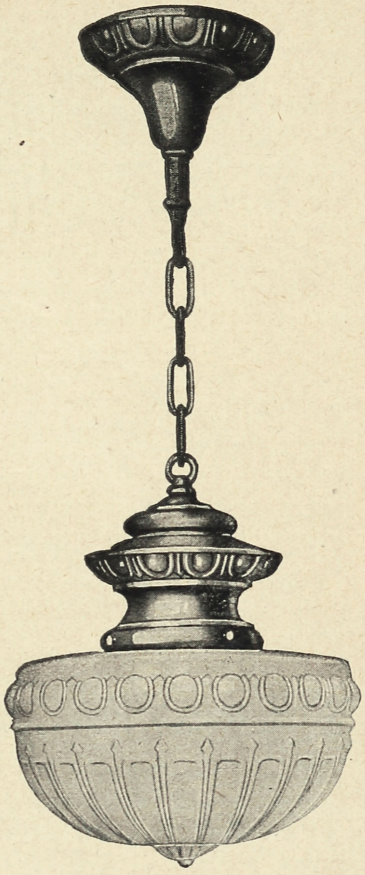
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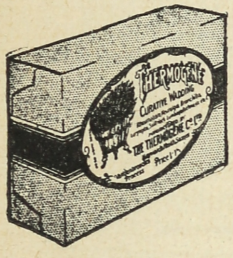
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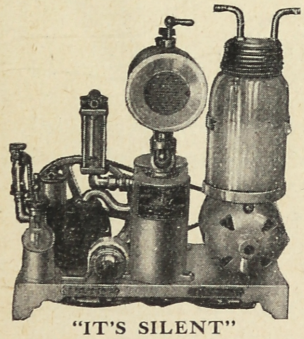
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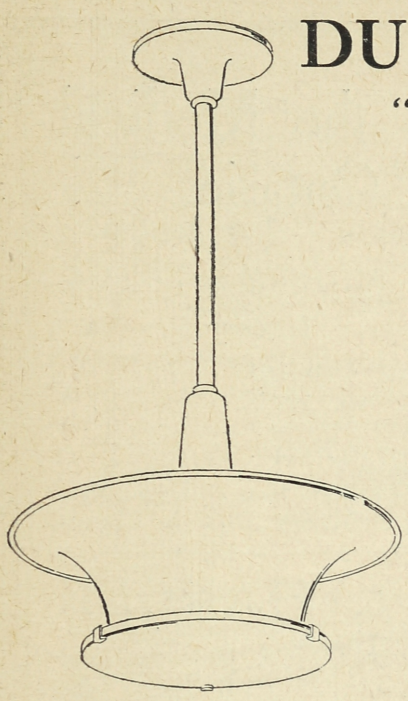
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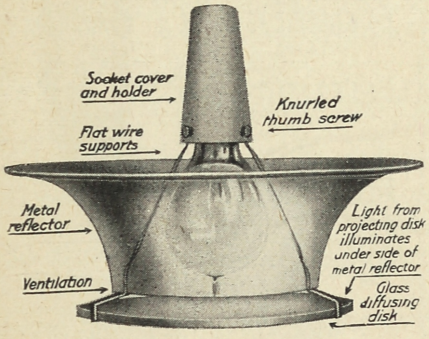
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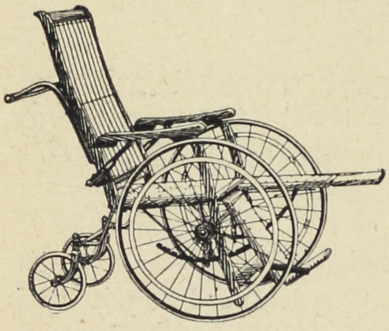
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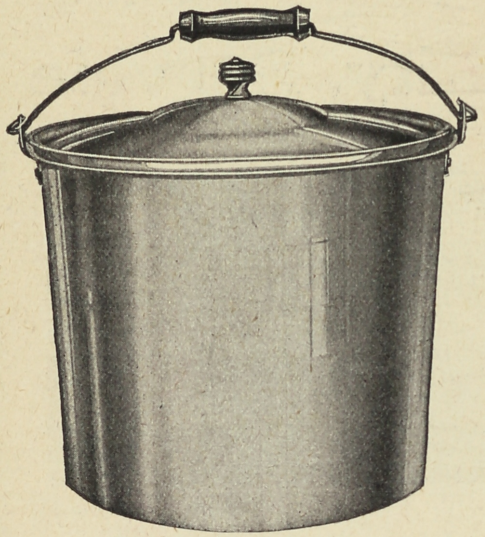
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